

## My Root Doctor

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This will introduce:

Date: \_\_\_\_\_

☐ Mrs. \_\_\_\_\_

☐ Mr. \_\_\_\_\_

Tooth No. \_\_\_\_\_ for the following:

☐ Consultation Only ☐ Post Space

☐ Complete Endodontics Therapy ☐ Yes

☐ Surgical Endodontics ☐ No

☐ 3D-CBCT

Patient Has:

☐ Toothache

☐ Swelling or Fistula

☐ Pulp Exposure

☐ Open Tooth

☐ \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Referred by: \_\_\_\_\_

Patient will be instructed to return  
to referring dentist for final restoration.

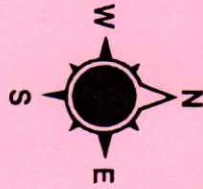
**Thank You!**

(map on reverse)

Dunedin

Main St.

U.S. 19



Mall

Landmark Dr.

Curlew Rd

Enterprise Rd.

Charles Ave.

State Fair

SR 580

Countryside High School

Parking Lot

Daniel St

7-Eleven

Mc Mullen Booth Rd.

Oldsmar